

Foster Family Home - Corrective Action Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-3

1723 Perry Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/1/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/1/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CG#2, CG#3, and CG#4 did not conduct a Fire Drill for the past 12 months.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CG#2 and CG#4 are not listed in CCFFH's current general liability.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission Policy and Agreement for Client #1 since admission to CCFFH.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- No current Medication Administration Record for the month of October seen in Client #1's chart/binder. One medication dose does not match the doctor's order and the Medication Administration Record (MAR).

54.(c)(6)- No signatures after each dated documentation/charting in progress notes for Client #1. RN Visit/Summary Form is missing for the months of July 2020 and August 2020.

Thaikel Nakamine, M

Compliance Manager

Valgi Stokel

Primary Care Giver

10/1/2020

Date

10/1/2020

Date

CTA RN Compliance Manager: Marilyn Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Maricel L. Cristobal
(PLEASE PRINT)

CCFFH Address: 1723 Perry St. Honolulu Hawaii 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(a)	Fire drill was conducted by SCG #4 at 2:20 PM on 10/18/20. SCG #2 will conduct on 11/15/20 and SCG #3 will conduct on 12/12/20 at different times.	10/18/20 11/15/20 12/12/20	I will make sure that fire drill will be conducted by all SCG's at different times within a year. Fire drill will include the testing of smoke detectors and it will be documented & kept the record.
51.(a)(1)	SCG #2 and SCG #4 was listed already in CCFFH's current general liability.	10/2/2020	When I have a new SCG I will make sure to include right away in the current general liability.
33.(a)	The client's legal representative signed the Admission Policy and Agreement for client #1 and it's kept in the binder.	10/20/2020	I will send a copy of the admission policy agreement for client #1 and every time I have admission I will see to it that the Admission Policy & agreement is complete.

X All items that were fixed are attached to this CAP

PCG's Signature: MLCristobal

Date: 10/21/2020

X CTA has reviewed all corrected items

CTA RN Compliance Manager: Mabel Nakamura

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Maricel L. Cristobal
(PLEASE PRINT)

CCFFH Address: 1723 PERRY ST. HONOLULU HAWAII 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.6(5)	Updated Medication Administration Record for client #1. Medication discrepancy was corrected by client's CMA, MD & PCG on client's Medication Record.	10/2/2020	PCG will sign right away the MAR after administering medication. I will also look at all the medication administration records & bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy, and/or doctor if they are different.
54.6(6)	I signed each dated documentation/charting in progress note for client #1.	10/2/2020	
	RN visit summary form was placed to the binder for the month of July & August 2020.	10/20/2020	I will see to it & make sure that the RN visit summary form is updated and its in the client's binder.

X All items that were fixed are attached to this CAP
PCG's Signature: MCristobal Date: 10/21/20

X CTA has reviewed all corrected items